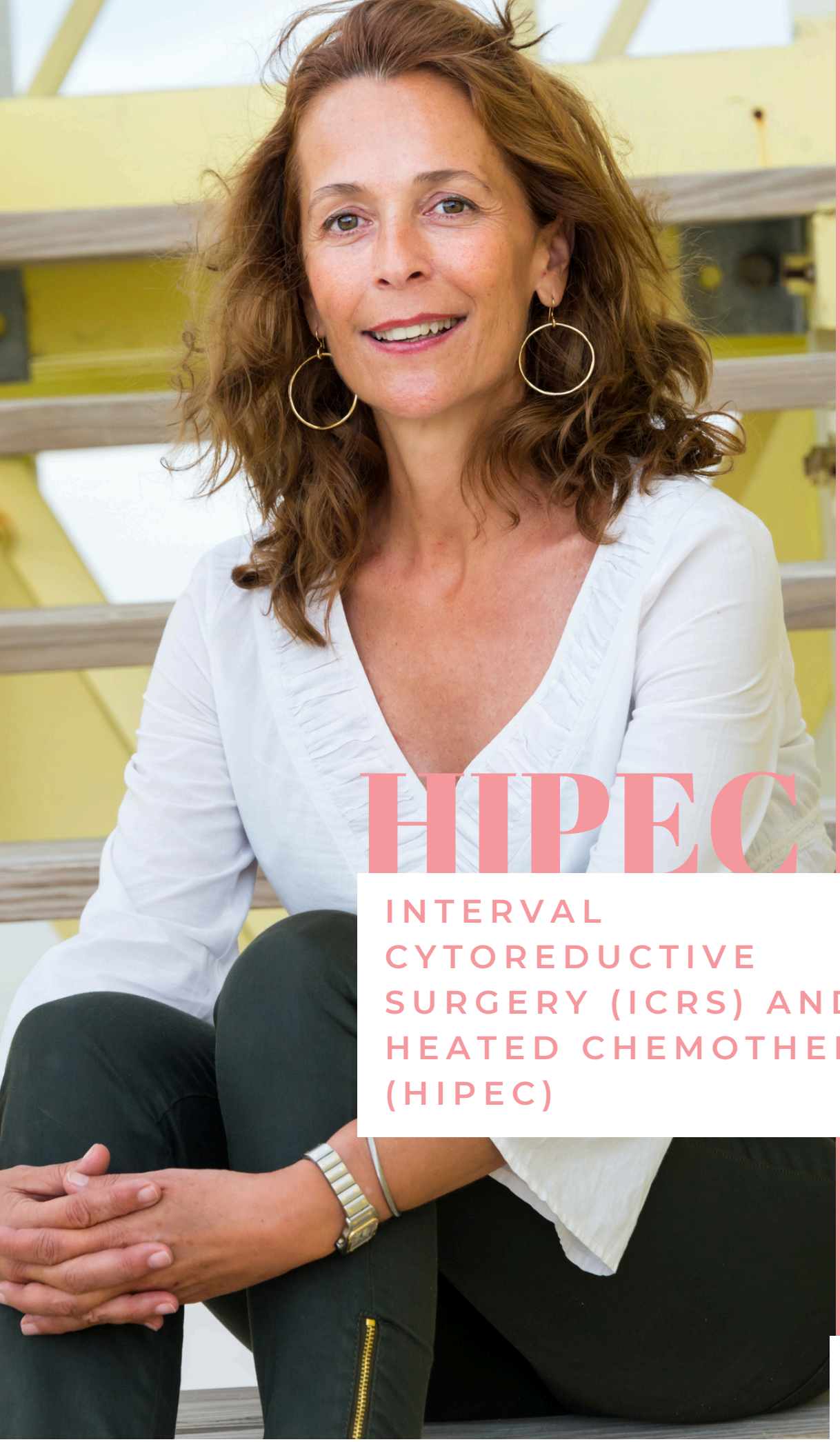
- Gynae Solution



HIPEC

INTERVAL CYTOREDUCTIVE SURGERY (ICRS) AND HEATED CHEMOTHERAPY (HIPEC)

gynae solution

FOR PATIENTS, RELATIVES AND HOSPITAL PERSONNEL

1. Why you have been given this leaflet

You have been given this leaflet because your doctors are discussing a type of treatment called interval cytoreductive surgery, sometimes combined with heated chemotherapy inside the abdomen (HIPEC).

This leaflet explains:

- What these treatments are
- Why they may be recommended
- What the benefits and risks are
- What to expect before, during, and after surgery

Please take time to read this and discuss it with your family, carers, and healthcare team. You can ask questions at any time.

2. Understanding your condition

Ovarian cancer often spreads within the tummy (abdomen) rather than to distant organs. It can attach to the lining of the abdomen (called the peritoneum) and nearby organs.

Treatment usually involves:

- Chemotherapy (drug treatment to kill cancer cells)
- Surgery to remove as much of the cancer as possible

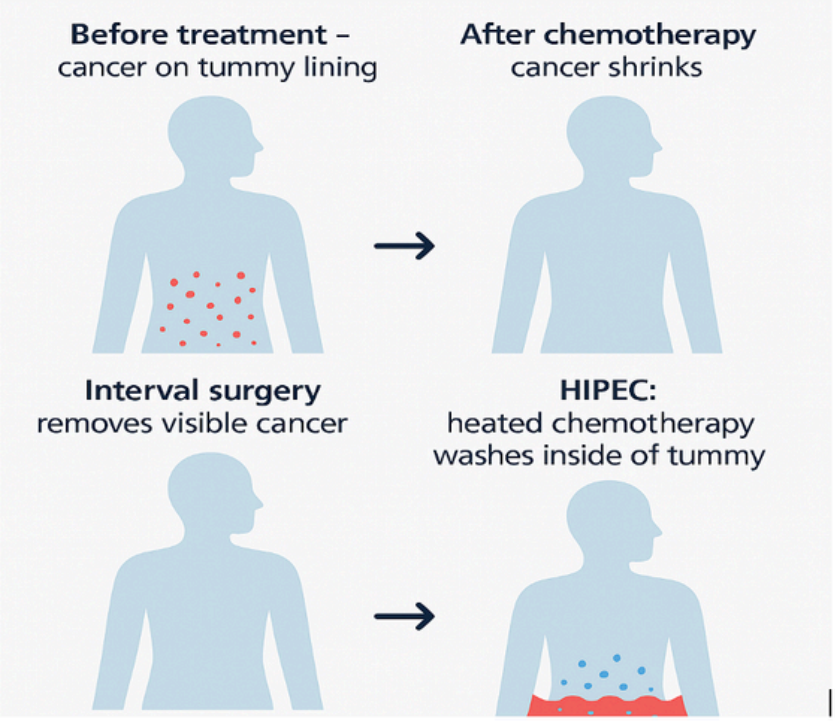
3. What is neoadjuvant chemotherapy?

Neoadjuvant chemotherapy means chemotherapy given before surgery.

This is done to:

- Shrink the cancer
- Make surgery safer and more effective
- Reduce the amount of cancer that needs to be removed

After a few cycles of chemotherapy, surgery is planned. This is called interval surgery.



What happens ***before***, ***during*** and ***after*** surgery

4. What is interval cytoreductive surgery (iCRS)?

Interval cytoreductive surgery is a major operation that aims to remove all visible cancer from inside the abdomen.

During surgery, this may involve removing:

- The ovaries and womb (if still present)
- The fatty tissue inside the abdomen (omentum)
- Areas of the abdominal lining
- Sometimes parts of bowel, diaphragm, or other nearby organs

The exact extent of surgery varies from person to person.

Important: The success of surgery is closely linked to how much cancer can be removed. Removing all visible disease gives the best chance of controlling the cancer.

5. What is HIPEC?

HIPEC stands for Hyperthermic Intraperitoneal Chemotherapy.

This means:

- Heated chemotherapy is circulated inside the abdomen
- It is given during the operation, after the cancer has been removed
- The chemotherapy is warmed to increase its effect
- The fluid is then drained before the surgery is finished

HIPEC aims to kill microscopic cancer cells that cannot be seen or removed during surgery.

6. Will everyone have HIPEC?

No.

HIPEC is only given if the surgeon is able to remove almost all visible cancer during the operation.
This decision is made during surgery.

If it is not safe or suitable, HIPEC will not be given.

7. Why might HIPEC be offered?

Studies have shown that, in carefully selected patients, adding HIPEC at interval surgery:

- May delay cancer coming back
- May improve survival
- Does not appear to significantly increase serious complications when done in experienced centres

However:

- HIPEC is not routine treatment everywhere
- Doctors still carefully select who may benefit

Your team will explain why HIPEC may or may not be suitable for you.

8. What are the possible benefits?

Potential benefits include:

- Better control of cancer inside the abdomen
- Reduced chance of cancer returning in the short to medium term
- Possible improvement in overall survival

Not everyone will benefit in the same way.

9. What are the risks of surgery?

This is major surgery, and risks include:

- Bleeding or infection
- Injury to bowel, bladder, or nearby organs
- Blood clots in the legs or lungs
- Chest infections or fluid around the lungs
- Need for a temporary or permanent stoma (bag)
- Longer recovery time
- Rarely, serious complications or death

Your surgeon will discuss your individual risk.

10. Are there extra risks with HIPEC?

HIPEC may add some additional risks, such as:

- Temporary kidney problems
- Changes in blood salts (electrolytes)
- Slower recovery of bowel function
- Effects from chemotherapy

These risks are carefully monitored during and after surgery.

11. What happens after surgery?

After surgery:

- You may spend time in a high-dependency or intensive care unit
- Pain relief and support will be provided
- You will gradually start eating, drinking, and moving again
- Recovery can take several weeks

After recovery, chemotherapy usually continues to complete treatment.

12. Are there alternatives?

Alternatives may include:

- Surgery without HIPEC
- Chemotherapy alone
- Treatments focused on symptom control rather than cure

Your doctors will discuss all options with you.

13. Making your decision

This is your decision.

Before agreeing:

- Make sure you understand the benefits and risks
- Ask as many questions as you need
- Talk with your family or carers
- Take time if you need it

You will only be asked to consent once you feel comfortable and informed.

14. Questions you may want to ask

You may wish to ask:

- Why is this treatment recommended for me?
- What happens if I do not have HIPEC?
- What are my chances of recovery?
- How long will recovery take?
- How will this affect my quality of life?

15. Where to find more support

- Your cancer nurse specialist
- Your surgical or oncology team
- Patient support organisations (e.g. ovarian cancer charities)

Please ask your team if you would like written or online resources.

Final note

Your healthcare team is here to support you and your family.

No question is too small. Please ask if anything is unclear.

Useful telephone numbers: +44 115 9662123

Author: Mr Jafaru Abu, Consultant Gyn Oncology Surgeon
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